

Exhibit Q
Medical File, Records regarding
Plaintiff's Medication

MEDICATION ADMINISTRATION RECORD

P&L FORMS #3004 (*for A03 print programs*)

Charting For

Through

Physician	<i>Patrol</i>	Telephone No.	Medical Record No.				
Alt. Phys.		Alt. Telephone					
Aller-gies		Rehabilitative Potential					
Diag-nosis			Admission Date				
Medicaid Number	Medicare Number	Complete Entries Checked:					
		By: <i>Stewart</i>	Title: <i>Dr.</i> Date: <i>10-10-00</i>				
Resident	<i>R</i>	<i>SI</i>	Birth Date	Resident Code	Room No.	Bed	Facility Code

MEDICATION ADMINISTRATION RECORD

P&L FORMS #3004 (for A03 print programs)

Charting For	Through					
Physician	<i>Dr. M. E. Frey</i>	Telephone No.	Medical Record No.			
Alt. Phys.		Alt. Telephone				
Aller- gies		Rehabilitative Potential				
Diag- nosis			Admission Date			
Medicaid Number	Medicare Number	Complete Entries Checked:				
		By: <i>Steve</i>	Title: <i>Dr.</i> Date: <i>6/2</i>			
Resident		Birth Date	Resident Code	Room No.	Bed	Facility Code

MEDICATION ADMINISTRATION RECORD

P&L FORMS #3004 (for A03 print programs)

Charting For	Through					
Physician	<i>D. M. T. Tarp</i>	Telephone No.	Medical Record No.			
Alt. Phys.		Alt. Telephone				
Aller- gies		Rehabilitative Potential				
Diag- nosis			Admission Date			
Medicaid Number	Medicare Number	Complete Entries Checked: By: <i>Stewart</i> Title: <i>LPN</i> Date: <i>10/10/01</i>				
Resident		Birth Date	Resident Code	Room No.	Bed	Facility Code

MEDICATION ADMINISTRATION RECORD

P&L FORMS #3004 (*for A03 print programs*)

Charting For	Through		
Physician	<i>P. Fischer</i>	Telephone No.	Medical Record No.
Alt. Phys.		Alt. Telephone	
Aller-gies		Rehabilitative Potential	
Diag-nosis			Admission Date
Medicaid Number	Medicare Number	Complete Entries Checked:	
		By: <i>Stone</i>	Title: <i>LPN</i>
Resident	<i>11</i>	Birth Date	Resident Code
			Room No.
			Bed
			Facility Code

LEE COUNTY DETENTION CENTER
MEDICAL CHARGE FORM
(FORM #33)

INMATE NAME Dennis Lewis

DATE OF BIRTH _____ RACE/SEX _____

SOCIAL SECURITY# _____ CELL _____

*****SERVICES & FEES*****

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <i>Yoga</i>	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES \$ _____
RENDERED

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date *DL*

Inmate Signature & Date *6*

Inmate Account Payable Clerk Signature & Date

PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

LEE COUNTY DETENTION CENTER
MEDICAL CHARGE FORM
(FORM #33)

INMATE NAME Dennis, Edwin

DATE OF BIRTH _____ RACE/SEX _____

SOCIAL SECURITY# _____ CELL _____

*****SERVICES & FEES*****

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input type="checkbox"/> PRESCRIPTION <i>May 2005</i>	<u>\$3.00</u>
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES \$ _____
 RENDERED

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date *J. Stoen*

Inmate Signature & Date *C. L. C.*

Inmate Account Payable Clerk Signature & Date

PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

LEE COUNTY DETENTION CENTER
MEDICAL CHARGE FORM
(FORM #33)

INMATE NAME Dennis, Edwin

DATE OF BIRTH _____ RACE/SEX _____

SOCIAL SECURITY# _____ CELL 7-2

*****SERVICES & FEES*****

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <i>Gaffney, S</i>	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT <i>Flynn</i>	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ 61.00

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date *Z. St. L.*

Inmate Signature & Date *C. R. —*

Inmate Account Payable Clerk Signature & Date

J. M.

PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

LEE COUNTY DETENTION CENTER
MEDICAL CHARGE FORM
(FORM #33)

INMATE NAME James, Edwin

DATE OF BIRTH _____ RACE/SEX _____

SOCIAL SECURITY# _____ CELL 7-2

*****SERVICES & FEES*****

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <i>D. Hayes</i>	<u>\$3.00</u>
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES 30C
 RENDERED \$ 30C

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date *Sta*

Inmate Signature & Date *C. C.*

Inmate Account Payable Clerk Signature & Date

J. Hall

PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Exhibit R
Inmate File, Request Slips dated June 1 and
July 18, 2005

Lee County Detention Center
INMATE REQUEST SLIPJ-4**LOCATION**Name EDWIN DENNISDate June 1st Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

Here my shoulder wrestling
and it's killing me. Need to see
doctor. Need a pain or something till
then to please.

Do Not Write Below This Line - For Reply Only

6/1/05 - it not in the day
x 5 days See me
Nurse Shaw

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed. Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPE-6
LOCATIONName EDWIN DENNISDate July 18th Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem OtherBriefly Outline Your Request. Give To Jailer

I need some ~~for~~ antibiotic ointment
 for some sores I have on
 my arm and also need to
 see if I can get something
 for my shoulders. Its hurting and
 aching again. Thank you.

Do Not Write Below This Line - For Reply Only7/17/05 9 amMrs. Stevens

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
 Those The Request is Directed. Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Exhibit S
Medical File, Notes April 6 and June 7, 2005

NOTES

SS# 255-41-2351NAME Dennis, EdwinDOB 11/27/72 AGE 32 SEX M RACE WDRUG ALLERGIES NICODA

TETANUS

NATURE OF PROBLEM OR REQUEST cl chest pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

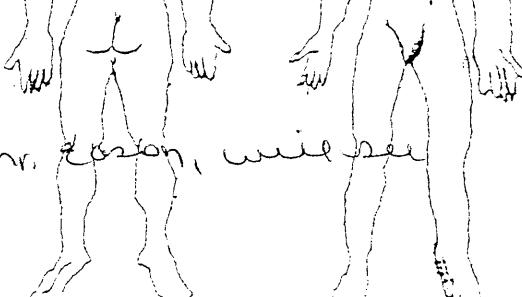
HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP 116/78 P 88 R 3 T upper

98% onset

ASSESSMENT: cl pain to center chest, center upper back, neck & L shoulder. Sob, says had same problems in 2003, saw mb & was told it was an anxiety attack, was given imigren, prozac & flaxil. This was while in jail & also at kilby, has not had any problems since been on ~~at~~ outside & has not seen a doctor since then either. Was also going to EAMT during the 2003 incarceration has not been since 2003. Skin w/b to touch, cap reflex 3 sec, & self noted NADN.



PLAN: If motrin 200ms given, referral to Mr. Zoson, will see Dr. m'Fauland on next visit

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTALSIGNATURE D. Bush TITLE EPH DATE 12/16/05 TIME 10:00 AM

NOTES

SS# 255-61-2351

NAME Dennis, Edwin

DOB 11/27/72 AGE 32 SEX M RACE W

DRUG ALLERGIES NYODA

TETANUS

NATURE OF PROBLEM OR REQUEST wrestling in cell, shoulder injury

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

1904

SUBJECTIVE:

OBJECTIVE: B2 P3 R T

06/07/05 Lee County Detention Center Edwin Dennis #255612351

This 32 YOWM has had problems with his right shoulder. He dislocated when he was about sixteen. He was in a car accident when he was about twenty-five. It was dislocated then. He has had an x-ray since that showed arthritis. He has crackling when he moves his arm. It was reinjured a week and a half a way. He had somebody up over his head wrestling in his cell, they were holding onto a bar. Now he hurts in the area of the AC, biceps tendon, and anterior rotator cuff.

Physical Exam: He has full range of motion although it hurts to abduct the right shoulder. There is no point tenderness. He is tender in the area of the rotator cuff.

Impression: Chronic right shoulder problem with acute exacerbation, probably some adhesive capsulitis and rotator cuff strain or tear.

Plan: I talked to him at some length about the mechanism of his shoulder injury, acute and chronic, and some rehab exercises including "wall walking". He understands all this. He can intermittently use anti-inflammatory medication such as Naprosyn or Motrin. There is no surgery or specific treatment that would make everything back to normal. He needs to avoid stressful up overhead movements.

MR. DO:

PA/PHYSICIAN

MENTAL HEALTH

DENTAL

NURSE

TITLE

DATE

TITLE

JOHN H. MCFARLAND MD
AM8104894
AL 11404

6-7-05 0937

Exhibit T
Inmate Request Slips requesting
stamped envelopes

INMATE REQUEST SLIP

E-6
LOCATIONName EDWIN DENNISDate 11 22 05 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

I need two stamped envelopes
to write my attorney and family
with please.

Do Not Write Below This Line - For Reply Only

Find to Sgt. TAB33 - 11-22-05

ONE LETTER TWO STAMPED
ENVELOPES

JAB/CLS
11-23-05

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

Lee County Detention Center
INMATE REQUEST SLIP

Eduin Dennis

Date Nov 4th

Telephone Call Doctor Dentist Time Sheet

Special Visit Personal Problem Other

fly Outline Your Request. Give To Jailer

*If I have to go to jail please get
a simple crosby so that
can write my attorney
at mother.*

Eduin Dennis

Not Write Below This Line - For Reply Only

Can't write two stoned errors

*Jake Cross
11-025*

Approved Denied Collect Call

Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

Lieutenant Sheriff Chief Deputy

Date Time Received

DIRECTION OFFICER

FORM: LCS-038 (6/99)

Eduin Dennis

Date Oct 30th 05

Telephone Call Doctor Dentist Time Sheet

Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

*Need some stamped envelopes to
write home with please.*

Eduin D Dennis

Do Not Write Below This Line - For Reply Only

Can't write two stoned errors

*Jake Cross
11-025*

Approved Denied Collect Call

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

Lieutenant Sheriff Chief Deputy

Date Time Received

CORRECTION OFFICER

FORM: LCS-038 (6/99)

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

E-S

LOCATIONName EDWIN DENNISDate July 19th

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

I would like to see if I could
get a couple of stamped envelopes.
I'm broke and need to write my
mother and lawyer. Thank you

Do Not Write Below This Line - For Reply OnlyGive inmate two stamped envelopesJail 4305
7/20/05

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-4
LOCATION

Name EDWIN DENNIS Date May 3

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

I would like to see if it would be possible to get some hygiene stuff and a couple of stamps. I have no money and have some legal mail that I need to mail and I would also like to write my children.

Do Not Write Below This Line - For Reply Only

GAVE INMATE TWO STAMPED ENVELOPES

*JUL 14 2005
 5/6/05*

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

County Detention Center
INMATE REQUEST SLIP

F-4

LOCATIONName Edwin DENNIS Date March 6

<input checked="" type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer

I have no way to get in touch with anyone and let them know what I need done. I really need to call my girlfriend and explain my situation to her. It is a local number also. But it is a cell phone. Also need to call my mother but her number is long distance

Do Not Write Below This Line - For Reply Only

IF you need a stamp, speak with Sgt. T. T. B.

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

<input type="checkbox"/> Lieutenant	<input type="checkbox"/> Chief Deputy	<input type="checkbox"/> Sheriff
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Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

5-64
LOCATION

Name EDWIN DEE DENNIS Date Sept 16th

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

*would like to see if Sgt Tab would
give me two stamp'd envelope's
please.*

Do Not Write Below This Line - For Reply Only

GAVE INMATE TWO STAMPED ENVELOPES

*JUL 4 2005
9-17-05*

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Exhibit U
Inmate Request Slips requesting to
visit the law library

Lee County Detention Center
INMATE REQUEST SLIPF-6
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Name EDWIN DENNIS Date _____ Telephone Call Doctor Dentist Tim Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

NEED TO VISIT LAW LIBRARY

Do Not Write Below This Line - For Reply Only

Taken to Law Library on
10-25-2005 at 20:20 hrsOFC. AaronApproved ✓

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed. Lieutenant Chief Deputy SheriffDate 10-25-2005 Time Received _____CORRECTION OFFICER Aaron

Lee County Detention Center
INMATE REQUEST SLIP

F-2

LOCATIONName EDWIN DENNISDate Sept 6th

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

Need to visit law library for
research on my case.

Do Not Write Below This Line - For Reply Only

you went on 8-16-08

Approved _____ Denied X Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER CrittendenBlum

Lee County Detention Center
INMATE REQUEST SLIP*F-2***LOCATION**Name EDWIN DENNISDate Aug 15th Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem OtherBriefly Outline Your Request. Give To Jailer

*Need to spend time in the
law library.*

Do Not Write Below This Line - For Reply Only

*Taken to the Law Library on
8-16-2005 at 2100 hrs by
Red Team Nights*

Approved Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy SheriffDate 8-16-2005 Time Received 18:30CORRECTION OFFICER Aaron 43031

FORM: LCS-038 (6/99)